

the public health officials to undertake the treatment of all cases of syphilis at public expense. It was declared that whenever and wherever possible patients should be treated by family physicians in the usual manner and that the personal relationship of patient to physician should be maintained wherever possible. The section reported that in its judgment the treatment of indigent and borderline patients in clinics would be a necessity. Adequate social service for the clinic to ascertain the degree of ability to pay was dealt with in another section. Reporting of the venereal diseases was stressed as a necessity in their control. The section recommended that the Surgeon-General request reporting by name and address as in the case of other communicable diseases. This recommendation of the section was opposed from the floor of the conference and ultimately was amended to read, in effect, that reporting by name and address be encouraged where practicable, but that in other localities reports by number or by initials and date of birth be accepted for the present in order to allow opportunity for overcoming the well-known reluctance of physicians to report venereal diseases by name. The necessity for furnishing laboratory service gratis and for the free distribution of drugs needed in the treatment of venereal diseases through public health authorities was stressed. A recommendation to the effect that prophylaxis be regarded as an integral part of the syphilis program was opposed from the floor. The opposition, however, was overwhelmingly defeated and the report of the section, therefore, included the recommendation that prophylaxis be included in the antisiphilic program.

3. The section on treatment presented a voluminous report, of which the salient points were the importance of early treatment and the treatment of the pregnant syphilitic woman. Emphasis was laid on the necessity for continuous treatment except in the case of late syphilis in persons of middle age or beyond; on the importance of confining the distribution of drugs through public health departments to established preparations, namely, the arsenicals, bismuth compounds, mercury ointments, and possibly iodid preparations.

4. The section on medical follow-up of the venereal disease patient reported the importance and necessity for follow-up in certain types of cases. Much follow-up work can be prevented by efficient, courteous, and expeditious handling of patients on their first visit to the clinic. . . .

5. The section on cooperation of the private physician in the control of venereal diseases made a report which indicated the dual responsibility of the physician in any case of communicable disease, including the venereal diseases. This responsibility is for the patient and for the community. . . .

The principles here presented seemed in general to meet with the approval of all groups represented. Recognition was given to the fact that conditions in the United States differ widely in different localities and even sometimes within a single community, and that programs, subject only to general fundamentals, must be varied and adapted to meet local needs. . . .

In all probability most indigent patients in denser population centers will need to be treated in clinics. In smaller communities and rural areas, treatment of the indigent was recommended through the offices of family physicians. The recommendations included payment of the physician on such a basis as might locally be agreed on for services rendered to indigent patients. Certain questions were raised relating to the lack of uniformity of instruction in syphilology in the medical schools. . . .

#### CALIFORNIA STATE BAR CHASES AMBULANCE CHASERS\*

The State Bar of California has a committee, known as Special Local Administrative Committee No. 1, whose duty is to investigate and institute prosecutions of ambulance chasers, both lay and attorney. The personnel of this committee is John E. Biby (chairman), John M. Bowen, and Robert M. Clarke; staff, Philbrick McCoy, counsel, and Herbert Hallner, special investigator.

The above-named committee has been successful in securing convictions and pleas of guilty in more than fifty cases. Many of the offenders have received jail sentences

of 180 days and fines in the amount of \$500. Among those convicted was a member of the medical profession.

Of interest to the medical profession is the fact that this committee has in several instances secured information to the effect that certain physicians are very active in the solicitation of business for certain attorney ambulance chasers. This condition appears quite aggravated among some of the physicians who conduct private emergency hospitals. One such offered medical treatment and hospitalization to an injured person if he would employ a certain attorney to prosecute his claim for damages, the cost thereof to be paid only out of any money recovered!

This State Bar committee frequently finds it difficult to prove the facts necessary to secure a conviction in these cases. Its investigations disclose that the attorney involved has received a written or telephone request from the injured person to call on him; and, when questioned, the attorney invariably says he did not know the request was instigated by the physician. The physician often excuses his conduct by stating that the injured person requested him to recommend an attorney.

The State Bar deserves commendation for the work it is doing to eliminate the evils arising out of ambulance chasing. Any member of the medical profession acquiring knowledge that a physician is in any manner aiding an ambulance chaser should report at once to any member of the State Bar committee or its staff, or to The State Bar, 440 Rowan Building, Los Angeles (Los Angeles telephone, Michigan 9551). Such cooperation with the State Bar will do much to purge both professions of the odium cast upon them by members who are aiding or cooperating as ambulance chasers.

#### HEALTH INSURANCE PROPAGANDA\*

On Monday, November 23, 1936, a newspaper of the city, the *New York Herald-Tribune*, gave its columns over to a piece of propaganda which deserves attention. Under date of November 22, 1936, and presumably coming from Washington, a feature article is written, headed "Health Insurance Study Is Instituted by Security Board."

Like all propaganda, the "news-spread" necessarily must be tacked to some event, and so this time we find it tacked to some casual recommendations made by Harry Hopkins, WPA Administrator, in a speech to the United States Conference of Mayors recently; and, incidentally, it is also tacked to a report of the Executive Council of the American Federation of Labor. Then, not giving either the speech made by Mr. Hopkins or the substance of the report of the Executive Counsel of the American Federation of Labor, the propagandist in question hides his identity under the statement, "A spokesman for the Social Security Board." For the rest of a column and a half of ordinary newspaper space there is nothing but argument and propaganda, and little or no factual news. In the end the reader is left to wonder *who* is advocating health insurance, who is putting forth the arguments for it, who says that it is to be considered purely as a tax measure, and who is it that is forcing attention to it and arousing argument.

The stress presented in the newspaper broadcast consists primarily in the fact that existing systems of unemployment compensation and old-age benefits "are generally believed in Security Board circles as measures to bring health insurance to the fore" and "almost all European countries have comprehensive plans of health insurance providing cash benefits in disability and invalidity and supplying medical aid." The plea ends with the statement that it can be conducted on a pay-as-you-go plan.

In the September 1 issue of the *New York State Journal of Medicine*, editorial note was made of the "lull before the storm." An ominous silence was noticed on the part of the protagonists for health insurance. We were then aware that the protagonists of health insurance had not quit. We rather resent the fact, however, that *government agencies* should engage in propaganda to create a demand for something which the public has neither asked for nor needs.

The news release also announces that more time to study the proposition is asked. We seriously recommend that it be studied; that comparison be made of the morbid-

\* By J. E. B.

\* Editorial from *The New York Medical Week*, November 28, 1936.

ity and mortality statistics abroad with those here; that the uses which are made of preventive medicine abroad with that here be taken into account. We could go on at length, but of what avail to argue with those whose minds are made up. What can one expect from Walton Hale Hamilton, the economist head of the research division, a former member of the National Industrial Recovery Board! We know him through a different activity. He was one of those who, under Ray Lyman Wilbur, brought out the report of the Committee on the Costs of Medical Care which recommended health insurance; and he wrote his own special report on this thesis, which in itself was but an elucidation of the preconceived object of the committee, from the pen of its director, Henry H. Moore.

President Roosevelt has announced that there will be no measures proposed calling for the necessity of adding to our present heavy tax burden. Furthermore, the President, in his address in Jersey City, gave the profession assurances that it would be consulted and its wishes given attention when changes affecting medical practice came under consideration. Our conception of consultation and consideration does not envisage government spokesmen speaking for their preconceived ideas, long fixed, of how medical practice shall be arranged.

It has been jocularly said that the many governmental functionaries who speak publicly for the administration have so managed things that the Washington Administration can take more sides on any given question than is possible of geometrical demonstration. In this question of medical care, at least, let us have plain, straight thinking and speaking. There should be but one side to the problem. How to provide the highest possible *quality* of medical care to those of the public that need it, and to make provision that financial barriers shall not stop those needing it from getting it.

### GUARDING THE SIGHT OF SCHOOL CHILDREN

The years of school life are usually the period of greatest stress and danger for eyesight, declared Dr. Edward Jackson of Denver, Colorado, at the annual conference of the National Society for the Prevention of Blindness, in Columbus, Ohio, recently. Doctor Jackson is Emeritus Professor of Ophthalmology at the University of Colorado. Speaking on "Guarding the Sight of School Children," he said:

"The prevention of blindness implies the conservation of partial sight, and is only complete when it is applied early in life. For the majority of people, the years of school life constitute the period of greatest stress and danger to their eyes.

"Accidents are responsible for 16 per cent of the causes of complete blindness, and more than half of these accidents occur to boys and girls under twenty.

"Prevention of disease has of late years been very widely applied, and results have far surpassed those of medicine and surgery in treating disease. Smallpox caused one-eighth of the blindness in the civilized world before vaccination was introduced, and still causes many cases of blindness where it is not practiced. But this proportion of blindness has been completely prevented by vaccination.

"Oliver Wendell Holmes, professor of anatomy, said that it was necessary to go back three generations to prevent some forms of disease. Many have approved of the statement, but we have not yet begun to apply prevention to one whole generation. Care of the eyes during school life is an attempt to make such an application to the prevention of blindness.

"In the school, we have light that is very inferior to the light of outdoor living. The sun at different times of the day gives light of 1,000 to 10,000 foot candles. In schoolrooms we rarely find light about 100 foot candles on the desk of the students, and sometimes it runs down to ten or five—or even two or one—and the children's eyes are expected to stand their school work under such bad conditions.

"Anyone can judge the effect of poor light by taking a telephone directory, which always has small print in it, and looking at it first in an ordinary indoor light, and then holding it where the sun will shine upon it. No one can miss the lesson of greater ease in using powerful light.

"When people think the light is too bright, it is usually because they have been trying to look at it. Our sources of light are not generally to be used like Neon signs, but to illuminate the desks or studies which we are trying to carry on. In the schoolrooms, many errors are tolerated with reference to the lighting; teachers and pupils need to be instructed in how to give their eyes the best chance by appropriate arrangement of the light.

"The correction of optical defects of the eye has been widely stressed and deserves all of the emphasis that has been placed upon it; but even with the optical defects exactly corrected, care and moderation need to be used for even the best eyes.

"The common causes of blindness that come with old age, like cataract and glaucoma, or hardening of the eyeball, have generally been threatening or actually progressing for years before they cause blindness. In a person of sixty-five with beginning senile cataract, it is probable that it will be fifteen years before he is unable to read and probably twenty years before he has to have the cataract removed. This time allows abundant opportunity for preventing the diseases that destroy sight in old age."

### A PERTINENT QUESTION

Is it common sense to let a healthy, young mother die in childbirth at the very beginning of her productive and creative years because of *ignorance and negligence*? Motherhood is a question facing not only expectant mothers and fathers, but the community at large. Each community must recognize its responsibility in the education of its young people for the responsibilities of parenthood, so that they may know how and when and where to seek and secure adequate medical and nursing care when a baby is on the way.

What should young people know to prepare them for parenthood? There are ten simple facts which should be included in the education of every young person. Each should know that:

1. A baby lives for nine months in its mother's body before it is born.
2. An expectant mother should seek the advice of a competent doctor as soon as she *thinks* a baby is coming.
3. Throughout pregnancy the doctor should be consulted regularly so that he may be on guard for the first suggestion of beginning abnormalities.
4. When in doubt, the doctor's advice should be secured; it is better than that of friends or relatives or neighbors.
5. The mother's daily routine should be based on common-sense living—no burning the candle at both ends.
6. The responsibility for having a baby is as much the father's as the mother's; he should help his wife follow the doctor's instructions, boost her spirits when she is down, and relieve her of worry and fatiguing physical work.
7. If the baby is to be born in a hospital, a good one should be selected; approval by the American Medical Association Council on Hospitals or the American College of Surgeons is the hallmark of a good institution.
8. If the baby is to be born at home, preparations should be made in advance under the direction of the doctor or nurse.
9. The mother should remain in bed at least ten days after the baby's arrival, and should do her first mothercraft under supervision.
10. A detailed plan should be made for the baby's care before it arrives so that things will run smoothly from the very beginning.

All parents should see that their children, as they grow to maturity, know thoroughly these basic facts. If they shirk their responsibility, they are missing one of the greatest challenges which comes to a parent. It is also the responsibility of various community organizations to help train young people for parenthood. The school should endeavor to help each pupil develop a wholesome attitude toward the facts of life; the church a high moral code; the settlement houses, Boy Scouts, Girl Scouts and similar organizations a strong, sturdy character. If these important units in our society shoulder fully their responsibilities in preparing young people for parenthood, we shall find not only a reduction in our maternal deaths, but also an improvement in marital relations.